

WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

DEPARTMENTAL USE ONLY

W A

RCV'D

LOG JUN 11 1992

REVIEW JUN 17 1992

G/WAC

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☐ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☐ C. WITHDRAW SITE I.D. NO. DATE

(Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE

(Site closed—no longer own or conduct business at this site.
Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in 1F.)

☒ B. REVISED NOTIFICATION DATE 06.09.92

(Enter existing site I.D. No. in Part 1F. List sections you revised: 9, 10, 12)

☐ D. REACTIVATE SITE I.D. NO.

(Complete all sections of the form.
Enter previously assigned I.D. No. in Part 1F.)

☐ F. EXISTING I.D. NO.

(Complete for items
1B, C, D & E only)

WA D000812917

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

6 0 0 - 0 1 9 - 7 5 3

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

4 9 5 3

2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE Hazardous Waste Treatment & Storage

3. NAME OF INSTALLATION

B U R L I N G T O N E N V I R O N M E N T A L I N C.

4. LOCATION OF INSTALLATION

Street

2 0 0 1 W E S T G A R F I E L D S T R E E T

County Name

K I N G

City or Town

S E A T T L E

USEPA RCRA



3014006

State

ZIP Code

W A 9 8 1 1 9 - 3 1 0 0

5. INSTALLATION MAILING ADDRESS

Street or P.O. Box

2 2 0 3 A I R P O R T W A Y S O U T H S T E 4 0 0

City or Town

S E A T T L E

State

ZIP Code

W A 9 8 1 3 4 - 2 0 2 7

6.A. INSTALLATION CONTACT

Name (last)

(first)

M A T H E W S

N A T E

Job Title

Phone Number

P L A N T M A N A G E R

2 0 6 - 2 8 4 - 2 4 5 0

6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)

BOX 1

BOX 2 ☒

Street or P.O. Box

2 2 0 3 A I R P O R T W A Y S O U T H S T E 4 0 0

City or Town

S E A T T L E

State

ZIP Code

W A 9 8 1 3 4 - 2 0 2 7

7.A. NAME OF INSTALLATION'S LEGAL OWNER

B U R L I N G T O N E N V I R O N M E N T A L I N C.

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

7.B. PROPERTY OWNERSHIP (Provide address in section 12 if different than 7A.)

P O R T O F S E A T T L E

7.C. OWNER TYPE

7.D. PROPERTY TYPE

P

P

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R6/24/92 W

8.A. NAME OF INSTALLATION BURLINGTON ENVIRONMENTAL INC. 8.B. EPA I.D. NO. WAD000812917
(Same as item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling —
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☒ 3. MANAGEMENT FACILITY (TSD) 3a. ☒ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☒ Treatment (2) ☒ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A 4 / 30 / 91
Part B Process ☒ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☒ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☒ Generator Marketing to Burner 6b. ☒ Other Marketer
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

- ☒ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☒ Generator Marketing to Burner 1b. ☒ Other Marketer 1c. ☐ Burner (Complete 9c.)
- ☒ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. N U M B E R	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W E I G H T C O D E
1	WASTE OIL, WASTE OIL & COOLANT	SEE ATTACHED PART A		T
	EMULSIONS, INDUSTRIAL WASTEWATERS,			
	INDUSTRIAL WASTE SLUDGES, USED ANTIFREEZE.			

11. Complete a, b, or c; AND d below.

- 11.A. ☐ (Batch Frequency)

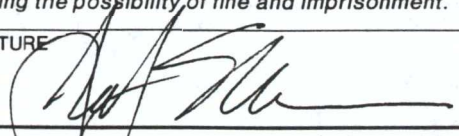
QUANTITY	WEIGHT																
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CODE	CODE																
- 11.B. ☐ PER MONTH

QUANTITY	WEIGHT																
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CODE	CODE																
- 11.C. ☐ ONE-TIME-ONLY

QUANTITY	WEIGHT																
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CODE	CODE																
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT

QUANTITY	WEIGHT																
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CODE	CODE																

12. COMMENTS (9.A.) Burlington Environmental does not currently store, blend, generate or market dangerous waste fuels at the Pier 91 Facility. (9.B.) Used oil fuel activities at the Burlington Environmental Pier 91 Facility are not regulated under 40 CFR 266 or WAC 173-303-515 as the used oil is not burned for energy recovery in a boiler or industrial furnace. Sections 9.A. and 9.B. are "protective filings" for possible future activity. (7.B.) Port of Seattle; Pier 66 Seattle, WA 98111
(206)728-3193

13. CERTIFICATION		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
SIGNATURE 	NAME AND OFFICIAL TITLE (type or print) John Stiller-Senior Env. Scientist	DATE SIGNED .06-09-92

FORM 3	<h1 style="margin:0;">DANGEROUS WASTE PERMIT APPLICATION</h1>	I. EPA/STATE I.D. NUMBER W A D 0 0 0 8 1 2 9
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FOR OFFICIAL USE ONLY		
APPLICATION APPROVED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DATE RECEIVED (mo. day, yr.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	COMMENTS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If it is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:45%;"> <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">MO</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DAY</div> <div style="border: 1px solid black; padding: 2px;">YR</div> </div> <div style="margin-left: 10px;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) </div> </div> <div style="width:45%;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">MO</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DAY</div> <div style="border: 1px solid black; padding: 2px;">YR</div> </div> <div style="margin-left: 10px;"> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN </div> </div> </div>	B. REVISED APPLICATION (place an "X" below and complete Section I above) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:45%;"> <input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT </div> <div style="width:45%;"> <input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT </div> </div>
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III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.
 1. AMOUNT — Enter the amount.
 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	D
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	PROCESS CODE	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
		1. AMOUNT (spcify)	2. UNIT OF MEASURE (enter code)		
X-1	S 0 2	600	U		
X-2	T 0 3	20	E		
1	S 0 2	9,036,090	U		
2	T 0 1	40,000	U		
3					
4					

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PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF DANGEROUS WASTES

DANGEROUS WASTE NUMBER — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous waste: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous waste that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

1. Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

SAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 400 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1 K 0 5 4	900	P	T 0 3 D 8 0	
2 D 0 0 2	400	P	T 0 3 D 8 0	
3 D 0 0 1	100	P	T 0 3 D 8 0	
4 D 0 0 2			T 0 3 D 8 0	included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)										
W A D 0 0 0 8 1 2 9 1 7										
IV. DESCRIPTION OF DANGEROUS WASTES (continued)										
L I N E	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES						
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	K 0 0 1	5000	T	S	0	2	T	0	1	
2	K 0 4 8	2000								
3	K 0 4 9	2000								
4	K 0 5 0	500								
5	K 0 5 1	500								
6	K 0 5 2	500								
7	D 0 0 1	500								
8	D 0 0 2	500								
9	D 0 0 3	500								
10	D 0 0 4	500								
11	D 0 0 5	500								
12	D 0 0 6	500								
13	D 0 0 7	15,000								
14	D 0 0 8	500								
15	D 0 0 9	500								
16	D 0 1 0	500								
17	D 0 1 1	500								
18	D 0 1 8	15,000								
19	D 0 1 9	500								
20	D 0 2 1	500								
21	D 0 2 2	500								
22	D 0 2 3	500								
23	D 0 2 4	500								
24	D 0 2 5	500								
25	D 0 2 6	500								
26	D 0 2 7	500	↓	↓	↓					

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)									
W A D 0 0 0 8 1 2 9 1 7									
IV. DESCRIPTION OF DANGEROUS WASTES (continued)									
L I N E	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
	D 0 2 8	500	T	S	0	2	T	0	1
2	D 0 2 9	500							
3	D 0 3 0	500							
4	D 0 3 2	500							
5	D 0 3 3	500							
6	D 0 3 4	500							
7	D 0 3 5	500							
8	D 0 3 6	15,000							
9	D 0 3 7	5000							
10	D 0 3 8	500							
11	D 0 3 9	500							
12	D 0 4 0	500							
13	D 0 4 1	500							
14	D 0 4 2	500							
15	D 0 4 3	500							
16	F 0 0 1	500							
17	F 0 0 2	500							
18	F 0 0 3	500							
19	F 0 0 4	500							
20	F 0 0 5	500							
21	F 0 0 6	500							
22	F 0 3 9	3000							
23	W T 0 1	500							
24	W T 0 2	3500							
25	W P 0 1	500							
26	W P 0 2	3500	V	V	V				

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)													
W	A	D	C	C	0	8	1	2	917				
IV. DESCRIPTION OF DANGEROUS WASTES (continued)													
LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES						
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	W	P	0	3	500	T	S	0	2	T	0	1	
2	W	C	0	1	500								
3	W	C	0	2	500								
4													
5													
6													
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26													

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

47 38 08 N

122 22 50 W

VIII. FACILITY OWNER☐ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

PORT OF SEATTLE

206 382 337

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P.O. BOX 1209

SEATTLE

WA

98111

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

Zeger J. J. van Asch van Wijck

September 25, 1990

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

W. E. Fisher

9/13/90